

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 9, 2013

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Florio's Italian Steakhouse and Grill, 8701 Andermatt Drive requesting a class I liquor license.

This location was previously known as Bennigan's which held a liquor license.

Florim Ramadani has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Florim Ramadani was born in Albania. He attended High School in Kosovo graduating in 1999.

Florim has been employed as a manager for this company since 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) Florio's Italian Steakhouse and Lounge

Street Address #1 8701 Andermatt Drive

Street Address #2 \_\_\_\_\_

City Lincoln County Lancaster Zip Code 68526

Premise Telephone number \_\_\_\_\_

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Daniel C. Pauley

Street Address #1 P.O. Box 1044

Street Address #2 \_\_\_\_\_

City Hastings State NE Zip Code 68902

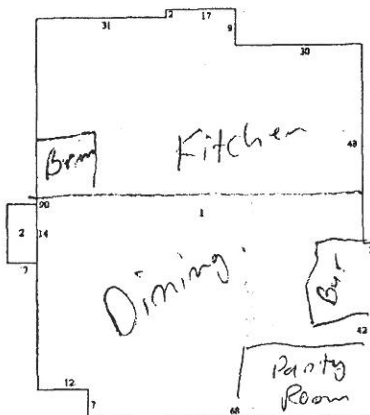
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 68 feet The licensed area will be in a single story building consisting of  
 Width 80 feet 7,488 square feet. Approx 68' x 80'

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



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 CONTROL COMMISSION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
See Amendment				

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CONTROL COMMISSION

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

LAW OFFICES  
**DUNMIRE, FISHER & HASTINGS**

LAWRENCE DUNMIRE  
(1907-1997)

DAVID H. FISHER  
[dfisher@hastingslawyers.com](mailto:dfisher@hastingslawyers.com)  
CHARLES W. HASTINGS  
[chastings@hastingslawyers.com](mailto:chastings@hastingslawyers.com)

800 WEST 3<sup>RD</sup> STREET, SUITE 202  
P.O. BOX 1044  
HASTINGS, NEBRASKA 68902-1044  
PHONE (402) 463-1383  
FAX (402) 463-0602

ASSOCIATE

DANIEL C. PAULEY  
[dpauley@hastingslawyers.com](mailto:dpauley@hastingslawyers.com)

December 11, 2012

Nebraska Liquor Control Commission  
P.O. Box 95046  
Lincoln, NE 68509-5046

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DEC 11 2012  
NEBRASKA LIQUOR  
CONTROL COMMISSION

Re: Application for Liquor License  
Napoli, LLC

In working to revise the outstanding issues needed for my client's application to be accepted, I was made aware that my client's manager as well as the owner of Napoli, LLC had miscellaneous speeding tickets on their driver's records. George Plaku, the owner of Napoli's LLC and the applicant received a speeding ticket in NE on 10/30/2012 which was settled on 11/20/2012.

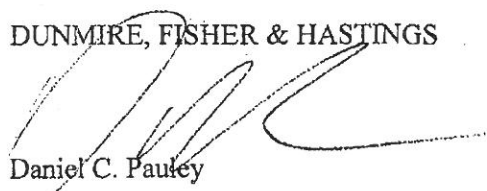
Florim Ramadani had a speeding ticket in Nebraska in approximately December of 2011. Mr. Ramadani received a speeding ticket in Kansas, while a resident there in approximately October of 2009. Mr. Ramadani also had a miscellaneous speeding ticket in New Jersey, while a resident there in approximately February, 2007.

My client had not originally disclosed these infractions on the application, because he did not believe them to be applicable as a charge under the language of the application. I advised that such records should be disclosed and to that end we provide this supplemental letter to the application.

If you have any questions or need anything further in order to process this application, please feel free to contact me.

Very truly yours,

DUNMIRE, FISHER & HASTINGS

  
Daniel C. Pauley

**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC Information

Name of Corporation/LLC: Napoli, LLC

Premise Information

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Florio's Italian Steakhouse and Lounge

Premise Street Address: 8701 Andermatt Drive


City: Lincoln

State: NE

Zip Code: 68526

Premise Phone Number: \_\_\_\_\_

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  
\_\_\_\_\_  
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)

ALL INFORMATION MUST BE COMPLETED BELOW - PLEASE PRINT CLEARLY

See 11

Gender: ☒ MALE ☐ FEMALE

Last Name: Ramadani First Name: Florim MI: \_\_\_\_\_

Home Address (include PO Box if applicable): 3111 College, #34

City: Grand Island County: Hall Zip Code: 68803

Home Phone Number: 317-9903 ~~785-259-8098~~ Business Phone Number: NE -

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ KS *see Att.*

Date Of Birth: \_\_\_\_\_ Place Of Birth: Vlora, Albania

Are you married? If yes, complete spouse's information on the bottom section which would be of similar form.

☒ YES

☐ NO

Spouse's Information

Spouses Last Name: Mehmeti First Name: Syzane MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: None

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sweden

APPLICANT & SPOUSE MUST LIST RESIDENCY(ES) FOR THE PAST TEN(10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Grand Island, NE	2011	Present	Bud Lake, NJ	2000	2008
Hays, KS	2010	2011			
Salina, KS	2008	2010			

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CONTROL COMMISSION

Form 103  
Rev 11/2012  
Page 3 of 5

**DO NOT FORWARD IT TO ANOTHER ADDRESS.**

THE U.S. POSTAL SERVICE

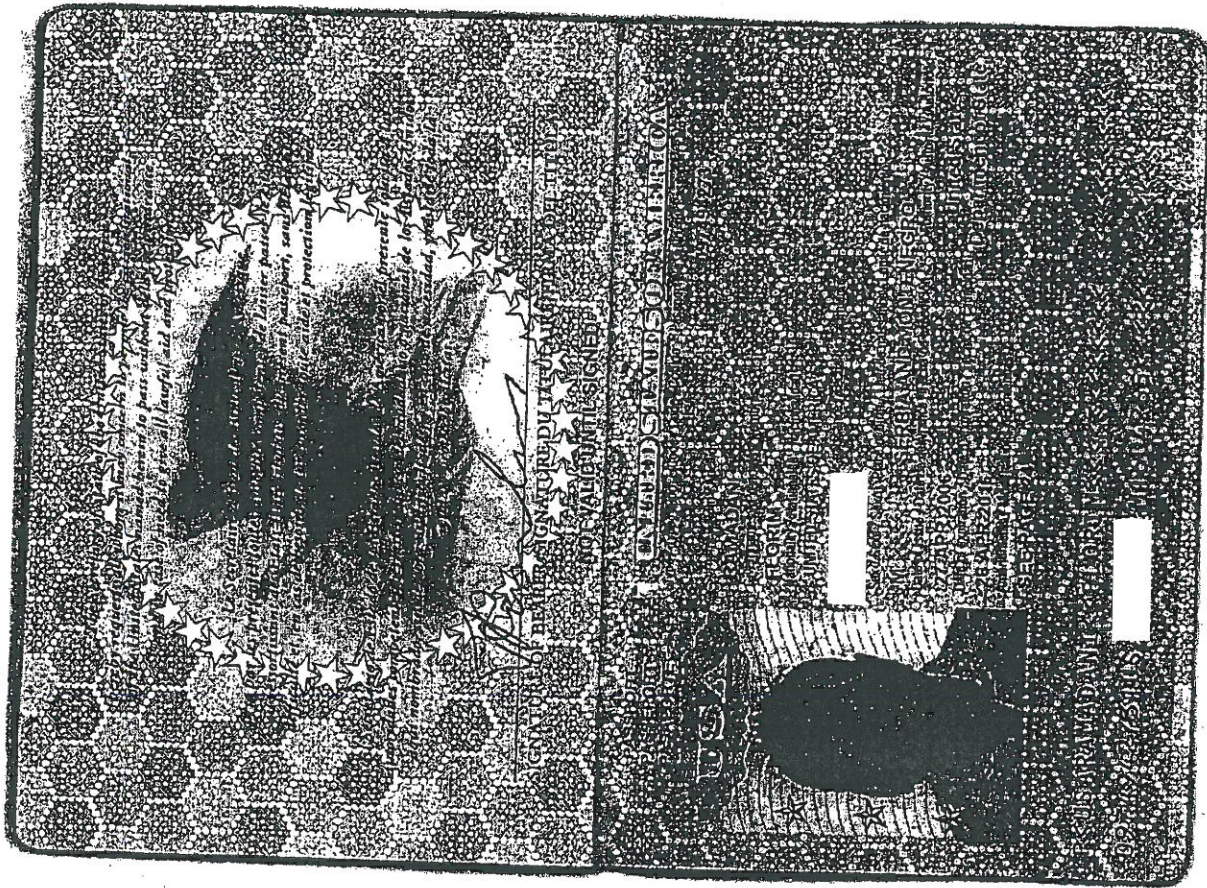
If you do not receive your permanent card within 10 business days, please call 402.471.3861 for assistance.

If you do not receive your permit  
of the receipt, please call 402.471.3861 for assistance.









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NEBRASKA LIQUOR  
CONTROL COMMISSION

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of State's office)

Name of Registered Agent: John R. Higgins

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Napoli, LLC # 10145412

LLC Address: 3421 Conestoga Drive

City: Grand Island State: NE Zip Code: 68803

LLC Phone Number: \_\_\_\_\_ LLC Fax Number: \_\_\_\_\_


Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Plaku First Name: George MI: \_\_\_\_\_

Home Address: 3111 College Street, Apt. 27 City: Grand Island

State: NE Zip Code: 68803 Home Phone Number: 347-224-7382

  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of ADAMS

The foregoing instrument was acknowledged before me this

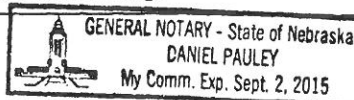
20th day of November, 2012

by George Plaku

name of person acknowledge

Date

Affix Seal





List names of all members and their spouses (even if a spousal affidavit has been submitted)

on file  
3-11-12

Last Name: Plaku First Name: George MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 100%

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_